

2001

Births To Teens

In Wisconsin

*Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services*

Births To Teens In Wisconsin

2001

November 2002

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Overview

This report presents data on live births to Wisconsin teens for 2001 and other relevant years in two main sections: "Statewide Information" and "Local Information."

Data files used in the report are the resident birth certificate file, the matched infant birth-death file, the fetal death file, and the reported induced abortion publication. All data refer to Wisconsin residents unless otherwise noted.

All the information presented here is derived from data that appeared previously in reports from the Bureau of Health Information, with the exception of Table 11 (teen births by race and county of residence), and Table 13 (teen births by selected city of residence).

All the information is presented according to place of residence. This means that events have been assigned to the area where the person lives (usually legal residence) regardless of where the events occurred. For births, the reference is to the residence of the mother. For deaths, the reference is to the residence of the infant.

Additional health-related statistical information for Wisconsin is available through the Internet on the Department of Health and Family Services site, at www.dhfs.state.wi.us/stats. Trend tables of maternal and child health data for individual counties are available at www.dhfs.state.wi.us/localdata/infantspgwomn/start.htm.

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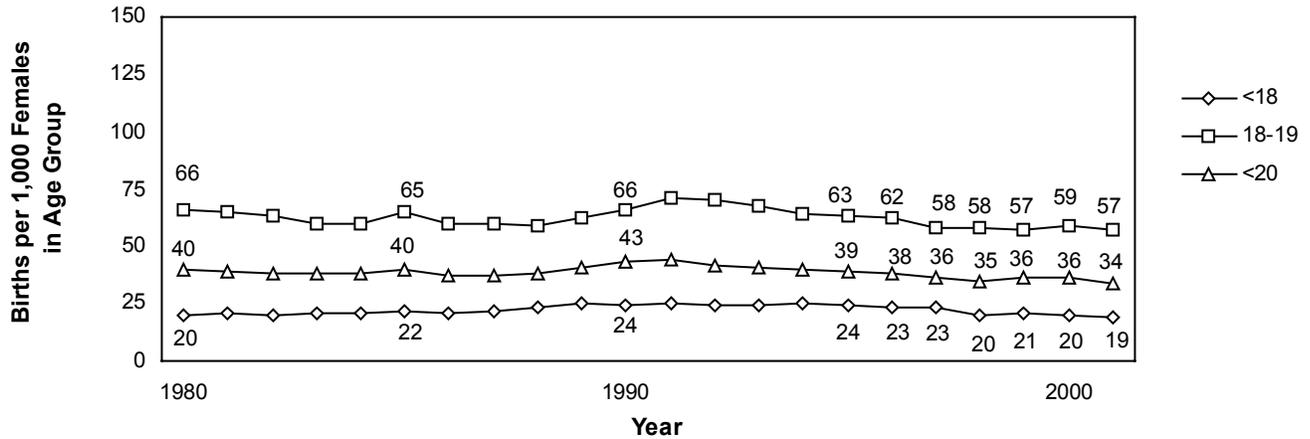
Table 1. Births to Teens by Age Group, Wisconsin, 1970-2001

Year	Number of Teen Births		Number of Total Births			Percent of Teen Births		Percent of All Births		
	<15	15-17	<18	18-19	<20	<15	15-17	<18	18-19	<20
1970	87	2,522	2,609	7,088	9,697	0.9%	26.0%	3.4%	73.1%	12.5%
1971	98	2,575	2,673	6,774	9,447	1.0	27.3	3.7	71.7	13.1
1972	88	2,846	2,934	6,267	9,201	1.0	30.9	4.5	68.1	14.2
1973	120	3,013	3,133	6,651	9,784	1.2	30.8	5.0	68.0	15.6
1974	119	3,100	3,219	6,435	9,654	1.2	32.1	4.9	66.7	14.8
1975	103	3,256	3,359	6,279	9,638	1.1	33.8	5.2	65.1	14.8
1976	125	2,970	3,095	6,111	9,206	1.4	32.3	4.8	66.4	14.2
1977	103	2,920	3,023	6,094	9,117	1.1	32.0	4.4	66.8	13.3
1978	72	2,865	2,937	5,940	8,877	0.8	32.3	4.3	66.9	12.9
1979	120	2,688	2,808	6,473	9,281	1.3	28.9	3.8	69.7	12.7
1980	93	2,741	2,834	6,379	9,213	1.0	29.8	3.8	69.2	12.3
1981	94	2,655	2,749	6,029	8,778	1.1	30.2	3.7	68.7	11.8
1982	91	2,452	2,543	5,659	8,202	1.1	29.9	3.4	69.0	11.0
1983	98	2,397	2,495	5,258	7,753	1.3	30.9	3.4	67.8	10.7
1984	98	2,305	2,403	4,973	7,376	1.3	31.2	3.3	67.4	10.1
1985	123	2,389	2,512	4,976	7,488	1.6	31.9	3.4	66.4	10.2
1986	121	2,340	2,461	4,679	7,140	1.7	32.8	3.4	65.5	9.9
1987	114	2,369	2,483	4,425	6,908	1.7	34.3	3.5	64.1	9.7
1988	133	2,322	2,455	4,486	6,941	1.9	33.5	3.5	64.6	9.8
1989	141	2,416	2,557	4,707	7,264	1.9	33.3	3.6	64.8	10.1
1990	148	2,337	2,485	4,925	7,410	2.0	31.5	3.4	66.5	10.2
1991	147	2,440	2,587	4,828	7,415	2.0	32.9	3.6	65.1	10.3
1992	159	2,427	2,586	4,622	7,208	2.2	33.7	3.7	64.1	10.2
1993	175	2,481	2,656	4,576	7,232	2.4	34.3	3.8	63.3	10.4
1994	161	2,497	2,658	4,379	7,037	2.3	35.5	3.9	62.2	10.3
1995	182	2,549	2,731	4,379	7,110	2.6	35.9	4.0	61.6	10.5
1996	143	2,507	2,650	4,453	7,103	2.0	35.3	4.0	62.7	10.6
1997	163	2,541	2,704	4,384	7,088	2.3	35.8	4.1	61.9	10.7
1998	111	2,366	2,477	4,570	7,047	1.6	33.6	3.7	64.9	10.5
1999	116	2,432	2,548	4,760	7,308	1.6	33.3	3.7	65.1	10.7
2000	99	2,225	2,324	4,753	7,077	1.4	31.4	3.4	67.2	10.2
2001	80	2,167	2,247	4,602	6,849	1.2	31.6	3.3	67.2	9.9

Sources: Wisconsin Bureau of Health Information, *Trends in Maternal and Child Health Statistics, 1968-1988*; *Maternal and Child Health Statistics* for the years 1989-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2001.

Note: The numbers of 1996 teen births reported here are different from those published earlier because other states filed three duplicate records for Wisconsin resident teen births.

Figure 1. Age-Specific Teen Birth Rates, Wisconsin, 1980-2001



Sources: Wisconsin Bureau of Health Information, *Trends in Maternal and Child Health Statistics, 1968-1988*; *Public Health Profiles* for the years 1989-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2001.

Note: The <18 (less than 18) and <20 (less than 20) birth rates are per 1,000 females aged 15-17 and 15-19, respectively, but include births to mothers less than 15.

Table 2a. Age-Specific Teen Birth Rates, Wisconsin and United States, 2001

Age	Wisconsin Rate	U.S. Rate
15-19	34.2	45.9
15-17	18.8	25.3
18-19	56.9	75.8

Sources: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2001*. United States rates are from the *National Vital Statistics Report*, Vol. 50, No. 10, 2002.

Notes: Rates are the number of births per 1,000 females in the age group. Wisconsin rates shown for births to mothers aged 15-19 and 15-17 includes 80 births to mothers less than 15 years old. U.S. rates for ages 15-19 and 15-17 do not include births to mothers less than 15 years old.

Table 2b. Teen Birth Rates, Wisconsin and United States, 1980-2001

	1980	1990	1991	1995	1996	1997	1998	1999	2000	2001
Wisconsin	40	42	44	38	37	35	35	35	35	34
United States	53	60	62	57	55	53	51	50	49	46

Sources: Wisconsin Bureau of Health Information, *Trends in Maternal and Child Health Statistics, 1968-1988*; *Public Health Profiles* for the years 1989-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2001. United States rates are from the National Center for Health Statistics, *National Vital Statistics Report*, Vol. 50, No. 10, Hyattsville, Maryland, 2002.

Notes: Rates are the number of births per 1,000 females aged 15-19. Wisconsin rates for this table exclude births to mothers below age 15.

Table 3. Births to Teens by Age Group and Race/Ethnicity, Wisconsin, Selected Years

Year	Number of Births			Birth Rate
	<18	18-19	<20	<20
1991				
White	1,228	3,174	4,402	30.1
Black/African American	1,007	1,194	2,201	190.0
American Indian	70	111	181	101.2
Hispanic/Latino, Any Race	187	254	441	95.4
Total Births	2,587	4,828	7,415	44.5
2000				
White	1,088	2,899	3,987	24.0
Black/African American	720	966	1,686	122.8
American Indian	73	122	195	93.9
Hispanic/Latino, Any Race	317	564	881	99.9
Total Births	2,324	4,753	7,077	35.7
2001				
White	998	2,751	3,749	22.4
Black/African American	717	948	1,665	116.1
American Indian	69	120	189	86.8
Hispanic/Latino, Any Race	333	567	900	103.9
Total Births	2,247	4,602	6,849	34.2

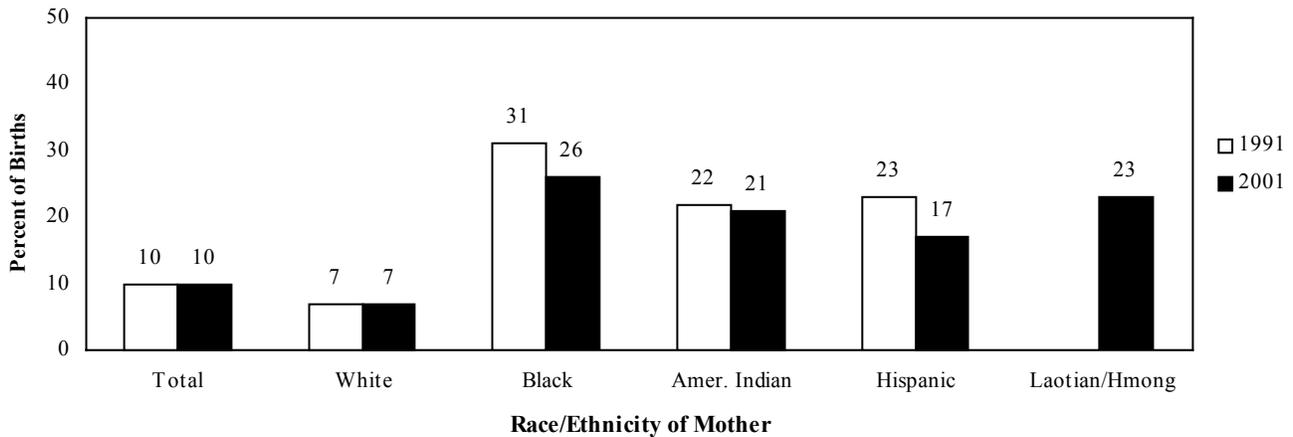
Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics 1991; Wisconsin Births and Infant Deaths* for the years 2000 and 2001.

Notes: Births to mothers of Hispanic origin are excluded from race categories (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within race categories.) Because individuals could report more than one race for the first time during the 2000 Census, rates for earlier years are not directly comparable to those for 2000 and later.

The <20 birth rates are per 1,000 females aged 15-19, but include births to mothers less than 15.

Totals include all births to mothers in these age groups, regardless of race/ethnicity.

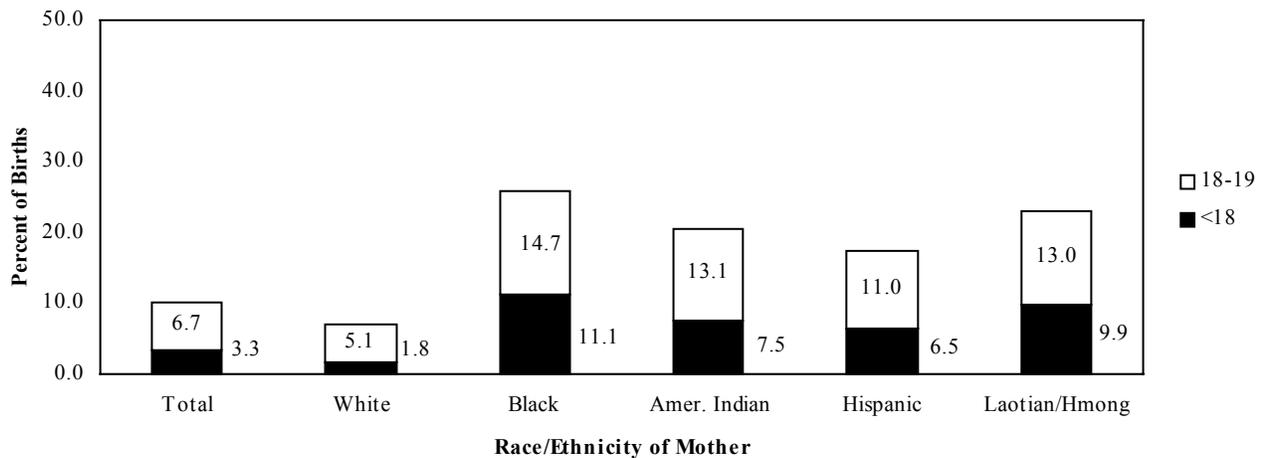
Figure 2. Births to Teens as a Percent of All Births by Race/Ethnicity, Wisconsin, 1991 and 2001



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2001*.

Notes: Births to mothers of Hispanic origin are excluded from race categories in this figure because a Hispanic ethnicity category is shown (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within self-identified race categories.) In 2001, 7% of births to mothers whose race/ethnicity was considered to be in the “other” category were to teens (not shown). There are no comparable 1991 data for the Laotian/Hmong or “other” group.

Figure 3. Births to Teens as a Percent of All Births by Race/Ethnicity and Age Group, Wisconsin 2001



Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2001*.

Notes: Births to mothers of Hispanic origin are excluded from race categories (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within race categories.)

Table 4. Births to Teens by Marital Status, Wisconsin, Selected Years

Marital Status	1991	1995	1996	1997	1998	1999	2000	2001
Married								
Number	1,422	1,171	1,146	1,095	1,077	1,149	1,096	1,018
Percent	19.2%	16.5%	16.1%	15.4%	15.3%	15.7%	15.5%	14.9%
Unmarried								
Number	5,993	5,937	5,957	5,993	5,970	6,159	5,981	5,831
Percent	80.8%	83.5%	83.9%	84.6%	84.7%	84.3%	84.5%	85.1%
Teen Births	7,415	7,110	7,103	7,088	7,047	7,308	7,077	6,849

Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* for the years 1991; *Wisconsin Births and Infant Deaths* for the years 1995-2001.

Note: Marital status was not reported for 1 birth in 1994 and 2001 and 2 births in 1995.

Table 5. Births to Teens Who Received First-Trimester Prenatal Care, by Age Group, Wisconsin, 1991-2001

Year	Less than 18		18-19		Less than 20		All Births/All Ages	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1991	1,402	54	3,018	63	4,420	60	58,705	81
1992	1,446	56	2,987	65	4,433	62	57,804	82
1993	1,527	57	2,973	65	4,500	62	57,251	82
1994	1,574	59	2,978	68	4,552	65	56,716	83
1995	1,628	60	3,074	70	4,702	66	56,155	83
1996	1,608	61	3,149	71	4,757	67	56,273	84
1997	1,640	61	3,167	72	4,807	68	56,112	84
1998	1,518	61	3,171	69	4,689	67	56,645	84
1999	1,520	60	3,401	71	4,921	67	57,203	84
2000	1,373	59	3,354	71	4,727	67	58,129	84
2001	1,345	60	3,219	70	4,564	67	57,747	84

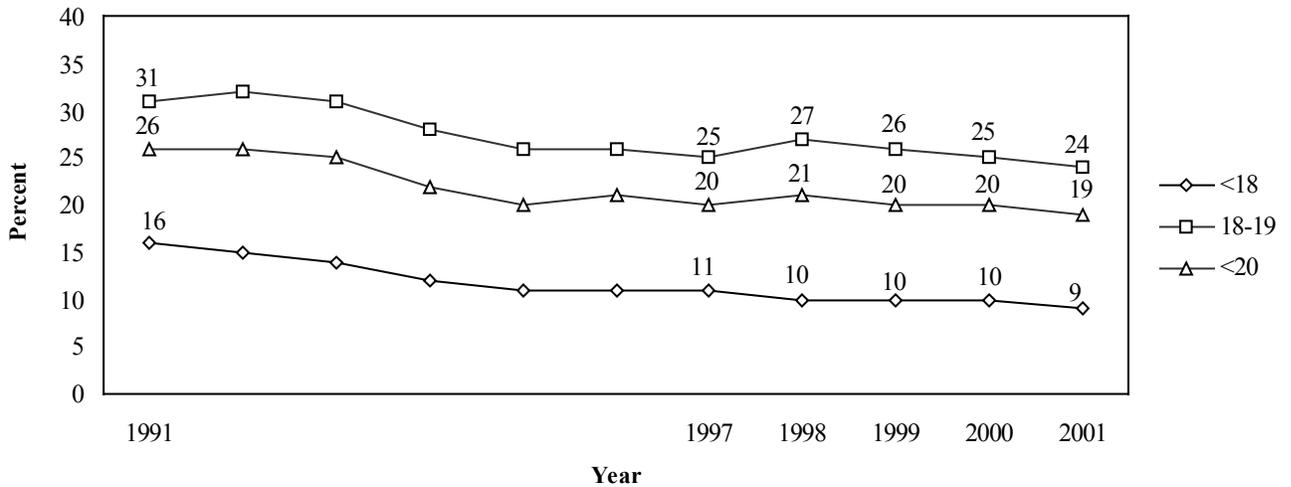
Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* for the years 1991-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2001.

Table 6. Second Order or Higher Births to Teens by Age Group, Wisconsin, Selected Years

Age Group	1995	1996	1997	1998	1999	2000	2001
Less than 18	307	289	295	251	263	244	200
18-19	1,130	1,179	1,097	1,233	1,229	1,197	1,088
Total <20	1,437	1,468	1,392	1,484	1,492	1,441	1,288

Sources: *Wisconsin Births and Infant Deaths* for the years 1995-2001.
 Notes: Birth order means order of present birth in relation to previous births.
 Birth order was not reported for 3 births to mothers 18-19 in 1995; and for 1 birth to mothers <18 and 1 birth to mothers 18-19 in 1996.

Figure 4. Percent of Second Order or Higher Births to Teens by Age Group, Wisconsin, 1991-2001



Sources: Wisconsin Bureau of Health Information, *Maternal and Child Health Statistics* for the years 1991-1994; *Wisconsin Births and Infant Deaths* for the years 1995-2001.

Statewide Information

Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin 2001

	<15	15-17	<18	18-19	<20	All Births All Ages
Total	80	2,167	2,247	4,602	6,849	69,012
Race/Ethnicity of Mother						
White	21	977	998	2,751	3,749	53,969
Black/African American	43	674	717	948	1,665	6,467
American Indian	3	66	69	120	189	916
Hispanic/Latino	10	323	333	567	900	5,145
Laotian/Hmong	2	102	104	136	240	1,046
Other	1	25	26	77	103	1,446
Unknown	-	-	-	3	3	23
Education of Mother						
Elementary. or Less	64	208	272	168	440	2,483
Some High School	14	1,807	1,821	1,840	3,661	8,810
High School Graduate	-	141	141	2,303	2,444	21,289
Some College	-	-	-	282	282	16,545
College Graduate	-	-	-	-	-	11,683
Post-Graduate	-	-	-	-	-	8,012
Unknown	2	11	13	9	22	190
Marital Status						
Married	-	171	171	847	1,018	48,132
Unmarried	80	1,996	2,076	3,755	5,831	20,879
Unknown	-	-	-	-	-	1
Trimester Prenatal Care Began						
First	35	1,310	1,345	3,219	4,564	57,747
Second	27	656	683	1,080	1,763	8,830
Third	18	152	170	212	382	1,715
No Prenatal Care	-	45	45	78	123	550
Unknown	-	4	4	13	17	170
Number of Prenatal Care Visits						
No Visits	-	45	45	77	122	549
1-4	10	148	158	237	395	1,994
5-9	35	669	704	1,177	1,881	12,624
10-12	25	860	885	1,886	2,771	30,219
13+	10	437	447	1,211	1,658	23,383
Unknown	-	8	8	14	22	243
Birthweight						
<1,500 grams	-	58	58	95	153	885
1500-2,499 grams	8	150	158	276	434	3,672
2,500+ grams	72	1,957	2,029	4,231	6,260	64,436
Unknown	-	2	2	-	2	19
<2,500 grams	8	208	216	371	587	4,557

(Continued)

Statewide Information

Table 7. Births to Teens by Age Group and Selected Characteristics, Wisconsin 2001

	<15	15-17	<18	18-19	<20	All Births All Ages
Smoked During Pregnancy						
No	70	1,746	1,816	3,261	5,077	58,026
Yes	10	418	428	1,338	1,766	10,907
Unknown	-	3	3	3	6	79
Live Birth Order						
First	79	1,968	2,047	3,514	5,561	27,047
Second	1	187	188	889	1,077	22,732
Third	-	11	11	174	185	11,330
Fourth	-	1	1	24	25	4,377
Fifth or Higher	-	-	-	1	1	3,520
Unknown	-	-	-	-	-	6
Plurality						
Single Birth	80	2,142	2,222	4,536	6,758	66,944
Multiple Birth	-	25	25	66	91	2,068

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2001*.

Notes: Included in the total of all births are 2 births for which age of mother was not reported. Births to mothers of Hispanic origin are excluded from race categories (see Technical Notes). (In contrast, Table 11 includes mothers of Hispanic origin within race categories.) A dash (-) indicates there were no births in that category.

Table 8. Fetal, Neonatal, and Infant Deaths by Teen Age Group, Wisconsin 2001

	<15	15-17	<18	18-19	<20	All Deaths All Ages
Fetal deaths						
Number	1	19	20	27	47	375
Rate	-	-	8.8	5.8	6.8	5.4
Neonatal deaths						
Number	1	18	19	28	47	323
Rate	-	-	-	6.1	6.9	4.7
Infant deaths						
Number	2	30	32	50	82	491
Rate	-	13.8	14.2	10.9	12.0	7.1

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2001*.

Notes: The fetal death rate is the number of reported fetal deaths per 1,000 live births and fetal deaths (see Technical Notes). (Fetal deaths are reportable only when fetal gestation is 20 weeks or more.) The neonatal death rate is the number of deaths occurring before 28 days of age, per 1,000 live births. The infant death rate is the number of deaths occurring before one year of age, per 1,000 live births. Rates based on fewer than 20 deaths are omitted because they are subject to large random fluctuations.

Local Information

Table 9. Births to Teens by Age Group and County of Residence, Wisconsin 2001

County	<15	15-17	<18	18-19	<20	All Births All Ages
Total	80	2,167	2,247	4,602	6,849	69,012
Adams	-	8	8	15	23	179
Ashland	-	2	2	17	19	190
Barron	2	12	14	41	55	472
Bayfield	-	5	5	9	14	135
Brown	2	103	105	185	290	3,232
Buffalo	-	4	4	8	12	143
Burnett	-	4	4	19	23	155
Calumet	-	10	10	23	33	597
Chippewa	-	18	18	50	68	672
Clark	-	7	7	29	36	518
Columbia	1	10	11	31	42	651
Crawford	-	3	3	19	22	199
Dane	1	119	120	238	358	5,520
Dodge	1	22	23	57	80	926
Door	-	4	4	17	21	262
Douglas	-	18	18	35	53	513
Dunn	1	8	9	31	40	445
Eau Claire	-	18	18	73	91	1,146
Florence	-	-	-	1	1	40
Fond du Lac	-	33	33	69	102	1,091
Forest	-	4	4	13	17	100
Grant	-	11	11	26	37	547
Green	-	10	10	21	31	397
Green Lake	-	8	8	10	18	230
Iowa	1	-	1	18	19	310
Iron	-	-	-	1	1	48
Jackson	-	4	4	17	21	205
Jefferson	1	21	22	48	70	914
Juneau	-	12	12	22	34	252
Kenosha	2	71	73	149	222	2,119
Kewaunee	-	6	6	7	13	243
La Crosse	-	35	35	70	105	1,260
Lafayette	-	3	3	17	20	200
Langlade	-	9	9	21	30	213
Lincoln	-	7	7	20	27	329
Manitowoc	-	28	28	52	80	908
Marathon	1	40	41	78	119	1,534
Marinette	-	15	15	34	49	386
Marquette	1	4	5	26	31	162
Menominee	1	13	14	13	27	93
Milwaukee	56	869	925	1,401	2,326	14,727
Monroe	1	14	15	41	56	593

(Continued)

Local Information

Table 9. Births to Teens by Age Group and County of Residence, Wisconsin 2001

County	<15	15-17	<18	18-19	<20	All Births All Ages
Oconto	-	12	12	20	32	392
Oneida	-	6	6	22	28	278
Outagamie	-	36	36	125	161	2,244
Ozaukee	-	2	2	25	27	867
Pepin	-	3	3	5	8	88
Pierce	-	3	3	16	19	383
Polk	-	9	9	37	46	508
Portage	-	20	20	48	68	743
Price	-	1	1	8	9	139
Racine	1	111	112	179	291	2,581
Richland	-	3	3	19	22	204
Rock	3	77	80	193	273	2,028
Rusk	-	9	9	12	21	185
St. Croix	-	14	14	32	46	912
Sauk	-	16	16	59	75	701
Sawyer	1	7	8	24	32	182
Shawano	-	15	15	28	43	462
Sheboygan	-	39	39	99	138	1,339
Taylor	-	3	3	17	20	246
Trempealeau	-	5	5	24	29	330
Vernon	-	9	9	12	21	377
Vilas	-	2	2	18	20	194
Walworth	-	30	30	84	114	1,136
Washburn	-	5	5	17	22	156
Washington	-	21	21	55	76	1,484
Waukesha	1	37	38	108	146	4,421
Waupaca	-	13	13	40	53	602
Waushara	1	8	9	25	34	232
Winnebago	-	34	34	107	141	1,851
Wood	1	25	26	72	98	891

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2001*.

Notes: Included in the "all births" column are 2 births for which age of mother was not reported. A dash (-) indicates there were no births in that category.

Local Information

Table 10. Teen Birth Rates and Estimated Pregnancy Rates by Age Group and County of Residence, Wisconsin 2001

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
Total	18.8	56.9	34.2	25.6	72.6	44.6
Adams	-	-	45.5	-	-	45.5
Ashland	-	-	-	-	-	-
Barron	-	73.5	31.7	-	75.3	32.3
Bayfield	-	-	-	-	-	-
Brown	21.2	52.0	34.1	30.5	62.6	44.0
Buffalo	-	-	-	-	-	-
Burnett	-	-	44.2	-	-	44.2
Calumet	-	47.8	20.8	-	47.8	20.8
Chippewa	-	70.6	32.3	-	70.6	32.3
Clark	-	62.2	25.8	-	62.2	25.8
Columbia	-	53.4	23.5	-	53.4	23.5
Crawford	-	-	33.3	-	-	33.3
Dane	15.3	27.3	21.6	26.8	44.1	35.9
Dodge	11.4	57.8	26.6	15.8	75.0	35.2
Door	-	-	24.4	-	-	24.4
Douglas	-	45.3	31.4	-	45.3	31.4
Dunn	-	25.3	18.9	-	25.3	18.9
Eau Claire	-	26.9	19.5	-	27.3	20.0
Florence	-	-	-	-	-	-
Fond du Lac	14.4	45.9	26.9	20.6	51.9	33.0
Forest	-	-	-	-	-	-
Grant	-	25.4	16.8	-	26.3	17.2
Green	-	56.9	26.2	-	56.9	26.2
Green Lake	-	-	-	-	-	-
Iowa	-	-	-	-	-	-
Iron	-	-	-	-	-	-
Jackson	-	-	35.2	-	-	35.2
Jefferson	12.7	48.7	25.7	17.3	73.0	37.5
Juneau	-	85.6	41.7	-	89.5	42.9
Kenosha	21.8	70.2	40.5	30.1	89.5	53.1
Kewaunee	-	-	-	-	-	-
La Crosse	15.8	24.6	20.7	15.8	24.6	20.7
Lafayette	-	-	30.3	-	-	30.3
Langlade	-	100.5	43.2	-	100.5	43.2
Lincoln	-	61.9	27.3	-	65.0	28.3
Manitowoc	14.0	49.8	26.2	19.5	65.1	35.1
Marathon	13.4	45.7	25.0	19.0	59.8	33.6
Marinette	-	52.5	29.9	-	52.5	29.9
Marquette	-	16.3	67.7	-	16.3	67.7
Menominee	-	-	131.1	-	-	131.1
Milwaukee	46.9	99.0	68.7	62.1	132.0	91.3
Monroe	-	79.9	35.4	-	79.9	35.4

(Continued)

Local Information

Table 10. Teen Birth Rates and Estimated Pregnancy Rates by Age Group and County of Residence, Wisconsin 2001

County	Birth Rate			Estimated Pregnancy Rate		
	<18	18-19	<20	<18	18-19	<20
Oconto	-	48.1	25.1	-	48.1	25.1
Oneida	-	58.0	24.6	-	58.0	23.6
Outagamie	9.3	56.6	26.5	15.8	68.9	35.1
Ozaukee	-	25.2	9.3	-	40.3	16.5
Pepin	-	-	-	-	-	-
Pierce	-	-	-	-	-	-
Polk	-	83.0	30.3	-	83.0	30.3
Portage	13.4	27.0	20.8	13.4	27.0	20.8
Price	-	-	-	-	-	19.8
Racine	25.3	78.8	43.5	34.6	102.6	57.7
Richland	-	-	31.3	-	-	31.3
Rock	23.7	95.2	50.5	28.1	107.1	57.7
Rusk	-	-	38.5	-	-	38.5
St. Croix	-	42.3	19.5	-	42.3	19.5
Sauk	-	93.2	39.9	18.5	121.6	53.2
Sawyer	-	142.0	59.7	-	142.0	59.7
Shawano	-	64.1	30.1	-	64.1	30.1
Sheboygan	15.3	70.1	34.8	19.6	89.2	44.4
Taylor	-	-	25.8	-	-	25.8
Trempealeau	-	75.5	31.8	-	75.5	31.8
Vernon	-	-	19.9	-	-	19.9
Vilas	-	-	33.9	-	-	33.9
Walworth	15.5	39.4	28.0	23.8	47.8	36.4
Washburn	-	-	41.2	-	-	43.1
Washington	7.8	42.0	19.0	11.2	56.5	26.0
Waukesha	4.7	26.8	12.0	10.2	43.1	21.1
Waupaca	-	66.1	29.3	-	81.0	37.6
Waushara	-	111.6	45.5	-	111.6	45.5
Winnebago	10.4	36.5	22.7	18.3	51.5	34.0
Wood	14.2	75.7	35.3	18.1	90.4	42.8

Sources: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2000*; and *Reported Induced Abortions in Wisconsin, 2001*. Population counts used to calculate rates are from United States Census Bureau and the Wisconsin Department of Administration, Demographic Services Center. These population estimates are provisional and subject to revision.

Notes: A birth rate is not calculated when there were fewer than 20 births for an age group in a county; this is indicated with a dash (-). Rates are per 1,000 females in the age group. The birth rates for mothers <20 and for mothers <18 include births to mothers below age 15.

$$\text{<20 Birth Rate} = 1,000 \times \left(\frac{\text{No. of resident live births to mothers <20}}{\text{No. of females 15-19}} \right)$$

$$\text{<18 Birth Rate} = 1,000 \times \left(\frac{\text{No. of resident live births to mothers <18}}{\text{No. of females 15-17}} \right)$$

The pregnancy rate is an estimate based on the number of live births, reported fetal deaths, and reported induced abortions. This underestimates the actual number of pregnancies because it does not include miscarriages not reported as fetal deaths. Fetal deaths are reportable when fetal gestation is 20 weeks or more. Pregnancies from border counties may also be underestimated because of limited reporting by out-of-state facilities.

Local Information

Table 11. Births to Teens by Age Group, Race of Mother and County of Residence, Wisconsin 2001

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
Total	6,849	1,310	728	209	3,286	962	351	4,596	1,690	560
Adams	23	7	-	1	15	-	-	22	-	1
Ashland	19	1	-	1	13	-	4	14	-	5
Barron	55	14	-	-	40	-	1	54	-	1
Bayfield	14	1	-	4	7	-	2	8	-	6
Brown	290	72	3	30	140	7	38	212	10	68
Buffalo	12	4	-	-	7	1	-	11	1	-
Burnett	23	4	-	-	19	-	-	23	-	-
Calumet	33	9	-	1	20	-	3	29	-	4
Chippewa	68	17	-	1	48	-	1	65	-	2
Clark	36	7	-	-	29	-	-	36	-	-
Columbia	42	11	-	-	31	-	-	42	-	-
Crawford	22	3	-	-	19	-	-	22	-	-
Dane	358	73	37	10	166	46	25	239	83	35
Dodge	80	22	-	1	56	-	1	78	-	2
Door	21	3	-	1	17	-	-	20	-	1
Douglas	53	17	-	1	28	2	5	45	2	6
Dunn	40	7	-	2	27	1	3	34	1	5
Eau Claire	91	15	-	3	63	-	10	78	-	13
Florence	1	-	-	-	1	-	-	1	-	-
Fond du Lac	102	29	-	4	61	1	7	90	1	11
Forest	17	4	-	-	7	-	6	11	-	6
Grant	37	11	-	-	26	-	-	37	-	-
Green	31	10	-	-	20	-	1	30	-	1
Green Lake	18	8	-	-	10	-	-	18	-	-
Iowa	19	1	-	-	18	-	-	19	-	-
Iron	1	-	-	-	1	-	-	1	-	-
Jackson	21	3	-	1	15	-	2	18	-	3
Jefferson	70	22	-	-	46	-	2	68	-	2
Juneau	34	11	-	1	20	-	2	31	-	3
Kenosha	222	58	14	1	119	28	2	177	42	3
Kewaunee	13	6	-	-	7	-	-	13	-	-
La Crosse	105	20	2	13	53	6	11	73	8	24
Lafayette	20	3	-	-	17	-	-	20	-	-
Langlade	30	8	1	-	21	-	-	29	1	-
Lincoln	27	6	-	1	20	-	-	26	-	1
Manitowoc	80	24	2	2	47	-	5	71	2	7

(Continued)

Local Information

Table 11. Births to Teens by Age Group, Race of Mother and County of Residence, Wisconsin 2001

County	Total	<18			18-19			Total <20		
		White	Black	Other	White	Black	Other	White	Black	Other
Marathon	119	23	2	16	62	2	14	85	4	30
Marinette	49	15	-	-	34	-	-	49	-	-
Marquette	31	5	-	-	26	-	-	31	-	-
Menominee	27	-	-	14	-	-	13	-	-	27
Milwaukee	2,326	298	587	40	547	775	79	845	1,362	119
Monroe	56	13	2	-	38	-	3	51	2	3
Oconto	32	12	-	-	18	-	2	30	-	2
Oneida	28	6	-	-	22	-	-	28	-	-
Outagamie	161	23	-	13	101	1	23	124	1	36
Ozaukee	27	2	-	-	24	-	1	26	-	1
Pepin	8	3	-	-	5	-	-	8	-	-
Pierce	19	3	-	-	16	-	-	19	-	-
Polk	46	9	-	-	34	-	3	43	-	3
Portage	68	13	2	5	40	-	8	53	2	13
Price	9	1	-	-	8	-	-	9	-	-
Racine	291	61	47	4	112	64	3	173	111	7
Richland	22	3	-	-	18	-	1	21	-	1
Rock	273	59	20	1	169	21	2	228	41	3
Rusk	21	9	-	-	12	-	-	21	-	-
St. Croix	46	13	-	1	32	-	-	45	-	1
Sauk	75	16	-	-	57	-	2	73	-	2
Sawyer	32	2	-	6	13	-	11	15	-	17
Shawano	43	11	1	3	20	1	7	31	2	10
Sheboygan	138	25	1	13	83	2	14	108	3	27
Taylor	20	3	-	-	16	-	1	19	-	1
Trempealeau	29	5	-	-	24	-	-	29	-	-
Vernon	21	8	-	1	11	-	1	19	-	2
Vilas	20	1	-	1	10	-	8	11	-	9
Walworth	114	28	1	1	84	-	-	112	1	1
Washburn	22	5	-	-	16	1	-	21	1	-
Washington	76	21	-	-	52	-	3	73	-	3
Waukesha	146	34	2	2	104	1	3	138	3	5
Waupaca	53	13	-	-	39	-	1	52	-	1
Waushara	34	9	-	-	25	-	-	34	-	-
Winnebago	141	24	4	6	95	2	10	119	6	16
Wood	98	23	-	3	65	-	7	88	-	10

Source: Resident birth certificates, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Included in total column are 3 births to mothers aged 18-19 for which race of mother was not reported. Births to mothers of Hispanic origin are included within the race categories (see Technical Notes). This differs from the other tables related to race/ethnicity in this report. A dash (-) indicates there were no births in that category.

Local Information

Table 12. Births to Unmarried Teens by Age Group and County of Residence, Wisconsin 2001

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
Total	80	1,996	2,076	3,755	5,831	20,879
Adams	-	7	7	11	18	56
Ashland	-	n/s	n/s	12	14	58
Barron	n/s	12	14	34	48	147
Bayfield	-	5	5	9	14	47
Brown	n/s	97	99	153	252	921
Buffalo	-	n/s	n/s	5	9	34
Burnett	-	n/s	n/s	16	20	72
Calumet	-	8	8	17	25	88
Chippewa	-	17	17	43	60	199
Clark	-	7	7	19	26	77
Columbia	n/s	9	10	23	33	129
Crawford	-	n/s	n/s	17	20	61
Dane	n/s	106	107	189	296	1,343
Dodge	n/s	21	22	47	69	222
Door	-	n/s	n/s	10	14	49
Douglas	-	18	18	32	50	190
Dunn	n/s	5	6	24	30	110
Eau Claire	-	14	14	53	67	301
Florence	-	-	-	-	-	3
Fond du Lac	-	30	30	43	73	288
Forest	-	n/s	n/s	10	14	51
Grant	-	11	11	22	33	133
Green	-	10	10	15	25	97
Green Lake	-	7	7	9	16	46
Iowa	n/s	-	n/s	18	19	69
Iron	-	-	-	n/s	n/s	9
Jackson	-	n/s	n/s	15	19	82
Jefferson	n/s	19	20	36	56	205
Juneau	-	11	11	13	24	79
Kenosha	n/s	67	69	120	189	701
Kewaunee	-	5	5	4	9	45
La Crosse	-	24	24	51	75	324
Lafayette	-	n/s	n/s	13	16	49
Langlade	-	9	9	18	27	66
Lincoln	-	3	3	16	19	86
Manitowoc	-	22	22	41	63	244
Marathon	n/s	27	28	49	77	308
Marinette	-	12	12	25	37	109
Marquette	n/s	n/s	n/s	20	24	42
Menominee	n/s	13	14	13	27	81
Milwaukee	56	836	892	1,262	2,154	7,386
Monroe	n/s	12	13	31	44	163

(Continued)

Local Information

Table 12. Births to Unmarried Teens by Age Group and County of Residence, Wisconsin 2001

County	<15	15-17	<18	18-19	<20	All Nonmarital Births
Oconto	-	10	10	19	29	100
Oneida	-	5	5	14	19	67
Outagamie	-	31	31	96	127	451
Ozaukee	-	n/s	n/s	18	20	96
Pepin	-	n/s	n/s	4	7	14
Pierce	-	n/s	n/s	13	16	63
Polk	-	8	8	35	43	135
Portage	-	17	17	34	51	168
Price	-	-	-	8	8	34
Racine	n/s	107	108	148	256	966
Richland	-	n/s	n/s	13	16	48
Rock	n/s	76	79	162	241	737
Rusk	-	6	6	8	14	51
St. Croix	-	14	14	22	36	146
Sauk	-	15	15	44	59	168
Sawyer	n/s	6	7	19	26	81
Shawano	-	15	15	26	41	129
Sheboygan	-	29	29	74	103	325
Taylor	-	n/s	n/s	12	15	47
Trempealeau	-	4	4	17	21	89
Vernon	-	9	9	10	19	69
Vilas	-	n/s	n/s	14	16	63
Walworth	-	26	26	65	91	282
Washburn	-	5	5	7	12	42
Washington	-	19	19	49	68	251
Waukesha	n/s	36	37	82	119	565
Waupaca	-	12	12	35	47	173
Waushara	n/s	8	9	18	27	62
Winnebago	-	26	26	78	104	446
Wood	n/s	21	22	52	74	241

Source: Wisconsin Bureau of Health Information, *Wisconsin Births and Infant Deaths, 2001*.

Notes: Included in the totals is 1 birth for which age of mother was not reported. A dash (-) indicates there were no births to unmarried women in this age group. An n/s indicates that births to unmarried women are not shown, and at least one but fewer than five total births (to married and unmarried mothers) occurred in the age group (see Table 9).

Local Information

Table 13. Births by Teen Age Group and Selected City of Residence, Wisconsin 2001

City	<15	15-17	<18	18-19	<20	All Births
Appleton	-	23	23	91	114	1,232
Beloit	1	36	37	75	112	582
Brookfield	-	2	2	1	3	275
De Pere	-	2	2	5	7	330
Eau Claire	-	16	16	59	75	801
Fitchburg	-	3	3	7	10	159
Fond du Lac	-	25	25	43	68	598
Franklin	-	3	3	10	13	291
Green Bay	2	84	86	152	238	1,802
Greenfield	-	4	4	9	13	319
Janesville	2	28	30	84	114	920
Kenosha	1	66	67	128	195	1,729
La Crosse	-	25	25	47	72	588
Madison	1	87	88	173	261	3,000
Manitowoc	-	22	22	31	53	452
Mequon/Thiensville	-	-	-	1	1	207
Milwaukee	55	824	879	1,283	2,162	11,198
Muskego	-	2	2	2	4	240
Neenah/Menasha	-	8	8	37	45	652
New Berlin	-	2	2	8	10	470
Oak Creek	-	7	7	11	18	362
Oshkosh	-	22	22	49	71	758
Racine	1	100	101	151	252	1,710
Sheboygan	-	27	27	76	103	735
South Milwaukee	-	6	6	18	24	241
Stevens Point	-	12	12	24	36	315
Sun Prairie	-	7	7	9	16	404
Superior	-	12	12	19	31	325
Watertown	-	5	5	18	23	310
Waukesha	1	17	18	44	62	1,107
Wausau	1	27	28	42	70	566
Wauwatosa	-	-	-	6	6	533
West Allis	1	12	13	30	43	627
West Bend	-	6	6	24	30	450

Source: Resident birth certificates, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: A dash (-) indicates there were no births in that category.

This table includes cities with a population of 20,000 or more according to population estimates from the United States Census Bureau and the Wisconsin Department of Administration, Demographic Services Center. These estimates are provisional and subject to revision. Combined areas include: Mequon (C) with Thiensville (V); and Neenah (C) with Menasha (C).

Trend Information

Table 14. Births to Teens by County of Residence, Wisconsin 1991-2001

County	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	7,415	7,208	7,232	7,037	7,110	7,103	7,088	7,047	7,308	7,077	6,849
Adams	23	15	20	16	26	18	30	28	23	20	23
Ashland	24	26	23	27	22	29	29	17	26	33	19
Barron	57	57	55	59	73	62	60	59	60	45	55
Bayfield	20	21	20	13	20	15	17	11	21	8	14
Brown	256	256	258	249	242	256	278	278	290	332	290
Buffalo	14	8	11	18	9	9	7	7	9	15	12
Burnett	24	29	21	14	16	23	24	14	24	18	23
Calumet	27	34	23	30	24	30	23	36	30	20	33
Chippewa	76	75	85	65	64	66	70	73	87	73	68
Clark	26	31	42	34	32	30	39	43	35	37	36
Columbia	38	42	45	54	50	57	46	60	38	42	42
Crawford	21	10	18	20	21	14	22	21	23	25	22
Dane	278	286	290	300	301	296	328	330	339	382	358
Dodge	84	73	89	72	77	95	93	68	98	100	80
Door	26	17	21	25	17	25	25	19	20	25	21
Douglas	68	46	70	81	65	58	65	57	66	65	53
Dunn	35	57	34	37	37	43	44	47	38	34	40
Eau Claire	94	105	98	103	93	118	105	78	89	85	91
Florence	5	5	4	5	3	6	3	-	2	5	1
Fond du Lac	103	102	86	98	110	111	104	96	120	101	102
Forest	18	26	27	15	28	11	21	19	19	11	17
Grant	51	47	39	52	46	41	50	52	40	47	37
Green	25	28	24	36	28	35	24	23	38	26	31
Green Lake	16	22	20	23	22	26	24	22	14	26	18
Iowa	20	23	20	9	18	17	9	9	18	19	19
Iron	3	5	7	8	2	2	6	1	1	8	1
Jackson	34	26	26	28	26	21	24	26	32	31	21
Jefferson	61	65	78	59	62	71	76	86	88	79	70
Juneau	39	27	35	37	41	39	37	41	41	39	34
Kenosha	268	266	257	242	265	243	246	256	262	245	222
Kewaunee	14	14	12	6	14	21	15	12	18	19	13
La Crosse	116	100	105	101	95	85	104	115	114	81	105
Lafayette	30	20	13	14	18	10	6	10	14	16	20
Langlade	36	39	34	39	31	26	32	27	38	34	30
Lincoln	29	41	36	43	37	45	29	35	33	25	27
Manitowoc	79	70	67	87	75	82	82	94	90	85	80

(Continued)

Trend Information

Table 14. Births to Teens by County of Residence, Wisconsin 1991-2001

County	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Marathon	133	121	118	123	131	127	123	120	143	141	119
Marinette	35	45	40	41	47	42	45	41	42	53	49
Marquette	20	18	19	14	9	18	21	9	21	21	31
Menominee	25	34	20	13	18	16	21	20	23	18	27
Milwaukee	2,791	2,754	2,684	2,592	2,602	2,566	2,438	2,445	2,480	2,331	2,326
Monroe	64	62	67	63	68	63	50	63	53	71	56
Oconto	38	23	27	32	40	35	37	35	42	30	32
Oneida	27	42	38	41	19	30	40	31	26	27	28
Outagamie	129	149	133	122	134	153	149	144	171	162	161
Ozaukee	21	24	30	24	26	35	28	32	32	29	27
Pepin	7	7	6	5	5	5	6	5	9	7	8
Pierce	24	20	21	25	30	20	22	27	27	31	19
Polk	43	48	49	40	42	35	28	38	47	40	46
Portage	60	49	76	67	54	66	59	75	77	84	68
Price	23	20	15	15	23	16	14	13	13	7	9
Racine	399	345	390	356	354	348	353	365	348	352	291
Richland	24	15	20	15	26	13	17	18	18	15	22
Rock	322	279	251	261	233	243	272	252	266	257	273
Rusk	20	24	31	17	35	19	26	13	27	12	21
St. Croix	52	55	51	47	39	47	48	42	50	55	46
Sauk	59	46	60	50	56	65	69	66	63	63	75
Sawyer	23	38	27	26	24	28	22	23	28	32	32
Shawano	45	43	48	50	50	44	49	43	45	38	43
Sheboygan	105	108	115	102	136	122	111	138	150	132	138
Taylor	19	24	20	23	20	10	16	19	21	17	20
Trempealeau	35	31	31	28	30	28	21	28	24	24	29
Vernon	27	24	24	15	20	21	27	25	29	36	21
Vilas	31	26	24	14	28	20	20	13	14	18	20
Walworth	68	69	74	85	90	96	93	109	112	100	114
Washburn	16	15	18	19	16	17	21	13	19	20	22
Washington	74	65	70	62	70	80	73	88	89	77	76
Waukesha	161	149	168	199	188	174	186	206	174	191	146
Waupaca	72	61	77	63	78	68	70	68	52	56	53
Waushara	31	24	27	31	38	38	27	29	35	24	34
Winnebago	164	140	152	150	134	139	183	142	158	157	141
Wood	90	97	98	88	87	120	106	79	82	93	98

Source: Resident birth certificates, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Numbers of births for 1996 reported here are slightly different from those published in the 1996 report because other states filed 3 duplicate records for Wisconsin teen residents. A dash (-) indicates there were no births in that category.

Definitions, Explanations of Terms, and Limitations of the Data

Teens. “Teens” in this report are females under 20 years of age. “Younger teens” are less than 18 years of age. “Older teens” are 18 to 19 years of age.

Race/Ethnicity Classifications. The Bureau of Health Information has reported maternal and child health data by race and ethnicity two different ways. The first presentation of data excludes persons of Hispanic/Latino ethnicity from any of the race categories and shows data for Hispanics/Latinos separately. Most of the tables and graphs in this report present the race/ethnicity data in this format. Table 11 includes Hispanics/Latinos within the racial categories.

Prior to 1994, Wisconsin birth reports included a racial category labeled “Indochinese.” Beginning in 1994, this category was redefined as “Laotian/Hmong” (who constituted approximately 95 percent of the Indochinese category). The remaining 5 percent of births in the Indochinese category were reallocated to the “Other” grouping; this includes Vietnamese, Cambodian, Thai, Chinese, Japanese, and East Indian.

Mortality.

Infant Deaths. The birth-death cohort is not completed until one full year after the end of the birth cohort calendar year. This publication reports mortality data on infants who died during 2001, rather than the mortality experience of the 2001 birth cohort, to allow more timely reporting on infant mortality.

Fetal Deaths. A fetal death or stillbirth is “a fetus which, after complete expulsion or extraction from the woman, does not breathe or show other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.” By Wisconsin statute, a stillbirth of at least 20 weeks’ gestation or 350 grams must be reported. Some 2001 stillbirths (fetal deaths) to Wisconsin residents are not included in this publication because some were less than 20 weeks’ gestation, some occurred outside Wisconsin, and an unknown number that occurred within the state were not reported. (Note: A fetal death report is not used for induced abortions.)

Limitations of the Data. Vital records information may have some limitations related to completeness, accuracy, and timeliness of registration, quality control procedures and classification problems. The reporting of live births and infant deaths is considered to be essentially complete for births occurring in Wisconsin. A cooperative exchange program between the states has been in operation for several decades to allocate birth and death certificates to the state of residence. Although this exchange program is not totally complete, the incompleteness is not of sufficient magnitude to seriously affect natality and infant mortality results.

Edit checks are incorporated in the software used for electronic transmission of birth certificate data, and the Vital Records Registration and Statistics Unit reviews birth certificates and death certificates for logical inconsistencies. Some errors remain after this review, but they are thought to have little, if any, effect on statistical results.

BIRTH CERTIFICATE WORKSHEET

The information on this worksheet (except signatures and informant entries) must be typed, if possible. If a typewriter is not available, the information must be printed neatly **IN BLACK INK** including informant information. Worksheets that are illegible will be returned for replacement. Item numbers reflect data entry order and are not always in consecutive order on this form.

INFORMANT: READ THE PAGE TO THE LEFT AND **COMPLETE THE SHADED AREAS ON BOTH SIDES OF THE FORM.**

PART I INFORMANT LEGAL INFORMATION				
Mother	16. Mother's Current Name	First	Middle	Last
	17. Mother's Birth Name (Maiden Name)	First	Middle	Last
	18. Mother's Date of Birth (Mo./Day/Yr.) (spell out month)	19. Mother's State of Birth (if not in the U.S.A., name the country)		
	*For items 20-23, enter the mother's legal residence (the physical location where the mother lives). Name the city, village or township (Minor Civil Division) where the home is located. This is not always the same as the mailing address. Do not name an unincorporated place.			
	20. Residence State (if not in the U.S.A., name the country)	21. Residence County		
22. Residence Inside City, Village, Township of:	23. Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township			
Husband	Husband Information: Read the information on the page to the left labeled "E. Husband/Father Information on the Birth Certificate" before entering any of the items pertaining to the husband on the worksheet and before completing item 35, "Is Mother Married?".			
	24. Husband's Name	First	Middle	Last
	25. Husband's Date of Birth (Mo./Day/Yr.) (spell out month)	26. Husband's State of Birth (if not in U.S.A. name the country)		
	32. Informant Name	33. Relation to Child (do not enter "father" if informant is not listed as husband in item 24)		
	CHILD'S NAME (Read the information to the left labeled "D. Naming Your Child" before completing this section.) Print the name as you want it to appear on the legal birth record.			
	First	Middle	Last	Title (e.g. Jr., II, III, etc.)
PART II INFORMANT CONFIDENTIAL LEGAL INFORMATION (This information Does Not Appear on Certified Copies of The Birth Certificate)				
34a. Mother's Mailing Address (Street or RFD, City / Village / Post Office, State, ZIP) The Birth Notification form will be sent to this address. If the infant is being placed for adoption or this possibility is under consideration, check the box and do not provide an address. <input type="checkbox"/> Child may/will be placed for adoption				
34b. Social Security Number Requested by Parent? Read the information on the page to the left labeled, "G. Social Security Number Requested" before answering this question. The infant must be named and the mother's mailing address must be complete if the box is checked "Yes". <input type="checkbox"/> YES <input type="checkbox"/> NO			34c. Mother's Social Security Number	
			34d. Husband's Social Security Number	
35. Is Mother Married (at any time between conception and birth)? Read the information labeled "E. Husband/Father Information" on the page to the left before answering this question. <input type="checkbox"/> YES <input type="checkbox"/> NO				
*Parent/Informant Signature and Date. I certify that the information I have provided in the shaded areas of both sides of this form is correct to the best of my knowledge and belief.				
Signature		Date Signed		
*Only the mother and/or the husband named in item 24 may name the child and/or authorize a request for a social security number for the child. If the informant is someone other than the mother or husband, the mother or husband must co-sign this document.				
PART I RECORD FILER LEGAL INFORMATION (RECORD FILER: TYPE OR PRINT CHILD'S NAME AND RE-VERIFY WITH NAME GIVEN ABOVE BY INFORMANT)				
1. Child's Name: First		Middle	Last	Title (e.g. Jr., II, III, etc.)
2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Date of Birth (Month/Day/Year) (spell out month)		4. Hour (specify hour and minute and check appropriate box) <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Midnight	
5a. Birth Facility <input type="checkbox"/> Clinic/Dr. Office <input type="checkbox"/> Residence <input type="checkbox"/> Hospital <input type="checkbox"/> Birth Center <input type="checkbox"/> Other		5b. If at or en route to a hospital, give name		
5c. If not at or en route to a hospital, give street address where birth occurred (where placenta was delivered)				
6. County of Birth:		7. Birth Occurred Inside City, Village, Township of:		8. Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township
9a. Attendant Name		9b. Wis. License #	10. Title 1. <input type="checkbox"/> M.D. 2. <input type="checkbox"/> D.O. 3. <input type="checkbox"/> C.N.M. 4. <input type="checkbox"/> Other MDWF 5. <input type="checkbox"/> Other	
11. Name of Filing Party [s. 69.14(1)(c)] and Title			12. Date Completed (Month/Day/Year) (spell out month)	
13. Mailing Address of Filing Party <input type="checkbox"/> Same as Hospital. If not at a hospital, give complete mailing address				
27. Birthweight (original unconverted) grams OR lbs. oz.		28. Crown-Heel Length (original unconverted) centimeters OR in.		
29. If infant Died (Mo./Day/Yr.) (spell out month) <input type="checkbox"/> Died		30. Plurality (single, twin, triplet, etc.)		31. If Not Single Birth: (born first, second, third, etc.)

Technical Notes

Part III - CONFIDENTIAL MEDICAL / STATISTICAL INFORMATION (HCF-5103B, Page 2)

The information from this page is only available to the mother and to the staff of some public health and research programs. They must treat this information as confidential material. The information is collected throughout the nation for health and population research and it is used to promote healthy births and to identify present and future health needs and populations of certain groups or areas. This information does not appear on the birth certificate.

RACE - Enter the race of the mother and husband (if listed in item 24) on the appropriate line. Enter both races if of "mixed" race. Do not enter "Hispanic" here. If "Native American", enter "American Indian". If Asian or Southeast Asian, specify the national origin such as "Hmong", "Cambodian", "Chinese", "Japanese", etc.

HISPANIC ORIGIN - "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. If you are of Hispanic origin, specify the national origin. If not of Hispanic origin, check the "No" box.

EDUCATION - Enter the number of years of schooling completed. Do not count partial years (e.g. if the freshman year of college is not completed, enter "12" under "Elementary/Secondary" column). Do not include years in technical or specialty schools unless college transferable academic credits were received.

EMPLOYMENT ONE YEAR AGO - Enter the occupation and type of firm or agency worked at one year prior to this birth. Be as specific as possible in these items (See examples below). Avoid the use of a firm or agency name. Instead, describe the type of business in which the firm or agency is involved. Do not use abbreviations for job titles.

Examples:

	OCCUPATION	TYPE OF FIRM OR AGENCY	OCCUPATION	TYPE OF FIRM OR AGENCY
Enter:	Clerk Typist	City Health Department	Enter:	Disabled
Not:	Office Worker	City of Madison	Not:	None
Enter:	Math Teacher	High School	Enter:	Unemployed
Not:	Teacher	Public School	Not:	Never Worked
Enter:	Auto Mechanic	Self-Employed	Enter:	Student
Not:	Mechanic	Own	Not:	None
Enter:	Sales Clerk	Hardware Store	Enter:	Homemaker
Not:	Clerk	Smith's Store	Not:	None

Mother	36. RACE White, Black Amer. Ind., etc.	37. HISPANIC ORIGIN Specify Mexican, Puerto Rican, Cuban, etc.	38. EDUCATION Highest Grade Completed Elem./Second College (0-12) (1-4 of 5+)		39. EMPLOYMENT ONE YEAR AGO Occupation Type of Firm or Agency		40. PREGNANCY HISTORY (Obtain from informant if necessary)		
	a	a	a	a	b	a	b	c	
Husband									
	b	b	b	c	d	d	e	f	
41. CLINICAL ESTIMATE OF GESTATION (Weeks)		42. DATE LAST NORMAL MENSTRUATION BEGAN Month Day Year		43. MONTH OF PREGNANCY PRENATAL CARE BEGAN (Month 1-9; Not Trimester)		44. TOTAL NUMBER OF PRENATAL VISITS		45. APGAR SCORE 1 minute 5 minute	
46. MOTHER TRANSFERRED PRIOR TO DELIVERY? YES <input type="checkbox"/> NO <input type="checkbox"/>		47. INFANT TRANSFERRED TO INTENSIVE CARE OR ANOTHER HOSPITAL? YES <input type="checkbox"/> NO <input type="checkbox"/>		48. If yes, Name facility and city: Date of Transfer (Month Day Year)					
CIGARETTE USE AND ALCOHOL USE: If the mother smoked cigarettes or consumed alcohol at any time during the pregnancy, check the "Yes" box for the appropriate item. Enter the average number of cigarettes smoked per day and/or the average number of alcoholic drinks consumed per week. If the average is less than "1", enter "0" (zero). If the mother did not smoke cigarettes or drink alcohol at any time during the pregnancy, check "NO" for the appropriate item.									
48a. Cigarette use during pregnancy? Yes <input type="checkbox"/> If yes, avg. number cigarettes per day _____ No <input type="checkbox"/>			48b. Alcohol Use During Pregnancy? Yes <input type="checkbox"/> If yes, avg. number drinks per week _____ No <input type="checkbox"/>			48c. Weight Gain/Loss During Pregnancy. Net pounds gained _____ OR Net pounds lost _____			

CHECK ALL THAT APPLY

49. MEDICAL HISTORY FOR THIS PREGNANCY 01A <input type="checkbox"/> Anemia (Hct. < 30/Hgb. < 10) 02B <input type="checkbox"/> Cardiac disease 03C <input type="checkbox"/> Acute or chronic lung disease 04D <input type="checkbox"/> Pre-existing diabetes 05E <input type="checkbox"/> Gestational diabetes 06F <input type="checkbox"/> Genital herpes 07G <input type="checkbox"/> Other STD (chlamydia, GC) 08H <input type="checkbox"/> Hydramnios/Oligohydramnios 09I <input type="checkbox"/> Hemoglobinopathy 10J <input type="checkbox"/> Hypertension, chronic 11K <input type="checkbox"/> Hypertension, pregnancy assoc 12L <input type="checkbox"/> Eclampsia 13M <input type="checkbox"/> Incompetent cervix 14N <input type="checkbox"/> Previous infant 4000+ grams 15O <input type="checkbox"/> Previous preterm or small-for gestational-age infant 16P <input type="checkbox"/> Renal disease 17Q <input type="checkbox"/> Rh sensitization 18R <input type="checkbox"/> Uterine bleeding 19S <input type="checkbox"/> None 20T <input type="checkbox"/> Other Specify:	51. EVENTS OF LABOR AND/OR DELIVERY 01A <input type="checkbox"/> Febrile (> 100 F or 38C) 02B <input type="checkbox"/> Meconium, moderate/heavy 03C <input type="checkbox"/> Prem. rupture of membranes (> 12 hrs) 04D <input type="checkbox"/> Abruptio placenta 05E <input type="checkbox"/> Placenta previa 06F <input type="checkbox"/> Other excessive bleeding 07G <input type="checkbox"/> Seizures during labor 08H <input type="checkbox"/> Precipitous labor (< 3 hrs) 09I <input type="checkbox"/> Prolonged labor (> 20 hrs) 10J <input type="checkbox"/> Dysfunctional labor 11K <input type="checkbox"/> Breech 12L <input type="checkbox"/> Other malpresentation 13M <input type="checkbox"/> Cephalopelvic disproportion 14N <input type="checkbox"/> Cord prolapse 15O <input type="checkbox"/> Anesthetic complications 16P <input type="checkbox"/> Fetal distress 17Q <input type="checkbox"/> None 18R <input type="checkbox"/> Other Specify:	54. CONGENITAL ANOMALIES OF CHILD 01A <input type="checkbox"/> Anencephalus 02B <input type="checkbox"/> Spina Bifida/Meningocele 03C <input type="checkbox"/> Hydrocephalus 04D <input type="checkbox"/> Microcephalus 05E <input type="checkbox"/> Other cent. nerv. sys. anomalies Specify: 06F <input type="checkbox"/> Heart malformations 07G <input type="checkbox"/> Other circ./respir. anomalies Specify: 08H <input type="checkbox"/> Rectal atresia/stenosis 09I <input type="checkbox"/> Tracheo-esophageal fistula/Esoophageal atresia 10J <input type="checkbox"/> Omphalocele/Gastroschisis 11K <input type="checkbox"/> Other gastrointestinal anomalies Specify: 12L <input type="checkbox"/> Malformed genitalia 13M <input type="checkbox"/> Renal agenesis 14N <input type="checkbox"/> Other urogenital anomalies Specify: 15O <input type="checkbox"/> Cleft lip/palate 16P <input type="checkbox"/> Polydactyl/Syndactyly/Adactyly 17Q <input type="checkbox"/> Club foot 18R <input type="checkbox"/> Diaphragmatic hernia 19S <input type="checkbox"/> Other musculoskeletal/integumental anomalies Specify: 20T <input type="checkbox"/> Down syndrome 21U <input type="checkbox"/> Other chromosomal anomalies Specify: 22V <input type="checkbox"/> None 23W <input type="checkbox"/> Other Specify:	
50. OBSTETRIC PROCEDURES 01A <input type="checkbox"/> Amniocentesis 02B <input type="checkbox"/> Electronic fetal monitoring 03C <input type="checkbox"/> Induction of labor 04D <input type="checkbox"/> Stimulation of labor 05E <input type="checkbox"/> Tocolysis 06F <input type="checkbox"/> Ultrasound 07G <input type="checkbox"/> Postpartum sterilization 08H <input type="checkbox"/> None 09I <input type="checkbox"/> Other Specify:	52. METHOD OF DELIVERY 01A <input type="checkbox"/> Vaginal 02B <input type="checkbox"/> Vaginal after previous C-section 03C <input type="checkbox"/> Primary C-section 04D <input type="checkbox"/> Repeat C-section 05E <input type="checkbox"/> Forceps 06F <input type="checkbox"/> Vacuum		
	53. ABNORMAL CONDITIONS OF THE NEWBORN 01A <input type="checkbox"/> Anemia (Hct. < 39/Hgb. < 13) 02B <input type="checkbox"/> Birth injury 03C <input type="checkbox"/> Hyaline membrane disease/RDS 04D <input type="checkbox"/> Meconium aspiration syndrome 05E <input type="checkbox"/> Assisted ventilation < 30 min 06F <input type="checkbox"/> Assisted ventilation ≥ 30 min 07G <input type="checkbox"/> Seizures 08H <input type="checkbox"/> None 09I <input type="checkbox"/> Other Specify:		

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES
ORIGINAL CERTIFICATE OF DEATH

DOH 5040 (Rev. 9/98)
Chap. 89, Wis. Stats.

STATE FILING DATE _____

LOCAL FILE NUMBER _____

1. DECEDENT'S NAME: First _____ Middle _____ Last _____

2. SEX: M F

3. SOC. SEC. NUMBER OF DECEDENT: _____

4a. PRONOUNCED DEAD DATE: Mo. _____ Day _____ Yr. _____

4b. HOUR: _____

5. BODY FOUND: No Yes (24+ hours after death)

6a. AGE (Years): Last (before) _____

6b. Under 1 yr. _____

6c. Under 1 day _____

7. DATE OF BIRTH: Mo. _____ Day _____ Yr. _____

8a. COUNTY OF DEATH: _____

8b. DEATH OCCURRED INSIDE: CITY, VILL. TOWNSHIP

8c. (CHECK ONE) City Vill. Township

9. DEATH AT HOSPITAL: Inpatient DDA-From Nur. Hm. ODA-From Other N.H. Other

10. OTHER PLACE: _____

11a. HOSPITAL (AND CAMPUS) OR NURSING HOME (If not in Hospital or Nursing Home give street address): _____

11b. NURSING HOME LICENSE NO.: _____

12. MARITAL STATUS: Married Never Married Divorced Widowed

13a. RESIDENCE - STATE: _____

13b. RESIDENCE - COUNTY: _____

13c. RESIDENCE - INSIDE CITY, VILLAGE, TOWNSHIP: _____

13d. (CHECK ONE) City Vill. Township

14a. NUMBER OF FREET: _____

14b. ZIP CODE: _____

15. STATE OF BIRTH (Country if not in U.S.): _____

16. FATHER'S NAME: First _____ Middle _____ Last _____

17. MOTHER'S NAME: First _____ Middle _____ Birth Surname _____

18. RACE (e.g. White, Black, Am. Indian, etc.): _____

19. HISPANIC ORIGIN? Specify Cuban, Mexican, etc.: _____

20. USUAL OCCUPATION (Do not enter "Retired"): _____

21. EDUCATION: Highest grade completed _____

22. DECEDENT EVER IN U.S. ARMED FORCES: YES NO

23. SURVIVING SPOUSE? (If yes, give birth surname, if married surname) (Last Middle, Last): _____

24a. INFORMANT'S NAME: _____

24b. Mailing Address: Street _____ City/Village _____ State _____ ZIP _____

25. METHOD OF DISPOSITION: Burial Cremation

26. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): _____

27. LOCATION: City/Village/Township _____ State _____

28. DATE SIGNED BY FUNERAL SERVICE LICENSEE (Mo. Day Yr.): _____

29. DATE RECEIVED FROM MED. CERT. (Mo. Day Yr.): _____

30a. FUNERAL SERVICE LICENSEE (or person acting as such): _____

30b. WISCONSIN ID: _____

31. NAME AND MAILING ADDRESS OF FACILITY (Street and number, City, State, Zip): _____

32. MEDICAL CERTIFIER: CERTIFYING PHYSICIAN (To the best of my knowledge and belief, I was pronounced and occurred at the time(s) and due to the cause(s) stated.) CORONER/ME. (On the basis of examination and/or investigation, in my opinion, death was pronounced and occurred at the time(s) and due to the cause(s) as stated.)

33. DATE OF DEATH (Mo., Day, Yr.): _____

34. AUTOPSY PERFORMED? YES NO

35a. MEDICAL CERTIFIER SIGNATURE & TITLE (Black Ink): _____

35b. W.I. PHYSICIAN LICENSE NO. CME Code: _____

36. MANNER OF DEATH: 1. Natural 4. Homicide 2. Accident 5. Under 3. Suicide 6. Pending

37. DATE OF INJURY (Mo., Day, Yr.): _____

38. HOUR OF INJURY: _____

39. PLACE OF INJURY (Home, Street, Farm, etc.): _____

40. INJURY AT WORK? YES NO

41. LOCATION (Street or RD, City or Vill. and State in which injury occurred): _____

42. COUNTY: _____

43. REGISTRAR SIGNATURE: _____

44. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): _____

45. CERTIFIER'S MAILING ADDRESS (Street, & Number, City, State, ZIP): _____

46. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause of death on each line. Do not list old age or senility as sole cause.

IMMEDIATE CAUSE	Interval between onset and death	PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I.
(a) _____ (Final disease or condition resulting in death.)		
(b) _____ (DUE TO OR AS A CONSEQUENCE OF)		
(c) _____ (DUE TO OR AS A CONSEQUENCE OF)		
(d) _____ (DUE TO OR AS A CONSEQUENCE OF)		

47. IF INJURY, DESCRIBE HOW INJURY OCCURRED: _____

Type or Print
In Permanent
Black Ink

DOH 5042 Rev. 9-96
Chapter 69, Wis. State

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND FAMILY SERVICES

STATE FILING NO.

REPORT OF FETAL DEATH
FOR STATISTICAL PURPOSES ONLY

NAME (First, Middle, Last) (Optional - May be left blank)		1. DATE OF DELIVERY (Month, Day, Year)	2. HOUR	3. SEX Male Female
4a. Plurality (Specify)	4b. IF NOT SINGLE Specify: First, Second, etc.	5. HOSPITAL - NAME AND CAMPUS (If not in hospital, give street and number or location)		
6. COUNTY OF DELIVERY	7. DELIVERY OCCURRED INSIDE CITY, VILLAGE, TOWNSHIP		8. (CHECK ONE) City Vill Township	
9. ATTENDANT NAME	10. WISCONSIN LICENSE NUMBER	11. TITLE 1 M.D. 2 D.O. 3 ONM 4 On. 5 Other		
12a. FILING PARTY [s. 69.18(1)(e)] NAME AND TITLE		12b. DATE REPORT COMPLETED (Month, Day, Year)		
13. MAILING ADDRESS OF FILING PARTY (Street & Number - City, State, ZIP)				
14. NAME AND COMPLETE ADDRESS OF FACILITY DISPOSING OF REMAINS				
15. MOTHER'S CURRENT NAME (First, Middle, Last)		16. MOTHER'S BIRTH SURNAME		
17. RESIDENCE - STATE	18. RESIDENCE - COUNTY	19. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP	20. (CHECK ONE) City Vill Township	
CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY				
21. IS MOTHER MARRIED? (at any time between conception and delivery) YES NO		22a. MOTHER'S DATE OF BIRTH (Month, Day, Year)	22b. HUSBAND'S DATE OF BIRTH (Month, Day, Year)	
23. RACE White, Black, Amer. Ind., etc.	24. HISPANIC ORIGIN Specify Cuban, Mexican, Puerto Rican, etc.	25. EDUCATION High School, Grade Completed (0-12) (1-4 or "e")	26. EMPLOYMENT ONE YEAR AGO Occupation Kind of Business or Industry	
27. PREVIOUS DELIVERIES (Exclude this Delivery.) LIVE BIRTHS: a. Number b. Now Dead OTHER TERMINATIONS (Spontaneous or induced) (Less than 20 wks): c. Number d. (20 wks. or more)				
28. MONTH OF PREGNANCY PRENATAL CARE BEGAN (Month 1-9; Not Visited)	29. TOTAL NUMBER OF PRENATAL VISITS	30. DATE LAST NORMAL MENSTRUATION BEGAN (Month, Day, Year)	31. CLINICAL ESTIMATE OF GESTATION (Weeks)	DATE OF LAST LIVE BIRTH (Month, Year)
32. CIGARETTE USE DURING PREGNANCY? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, avg. number cigarettes per day		33. ALCOHOL USE DURING PREGNANCY? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, avg. number drinks per week		34. WEIGHT GAIN/LOSS DURING PREGNANCY. Net pounds gained. OR Net pounds lost.
35. PART I FETAL DEATH WAS CAUSED BY: <input type="checkbox"/> Pending. Complete when assessment results are known Fetal or maternal condition directly causing fetal death A. Immediate Cause		Fetal or Maternal Cause (State Which)		
39. Fetal and/or maternal conditions, if any, giving rise to the immediate cause (A) stating the underlying cause last		B. Due to, or as a consequence of:		
40. PART II OTHER SIGNIFICANT CONDITIONS of fetus or mother: conditions contributing to fetal death but not related to cause given in PART I (A)		C. Due to, or as a consequence of:		
41. 36. FETUS DIED 1. Before Labor 2. During Labor 3. During Deliv. 4. Unknown				
44. 37. BIRTHWEIGHT OF FETUS (Original unconverted lbs. or grams) Grams OR lbs. oz.		38. CROWN - HEEL LENGTH (Original unconverted (inches or centimeters)) centimeters OR in.		

CHECK ALL THAT APPLY		
39. MEDICAL HISTORY FOR THIS PREGNANCY	41. EVENTS OF LABOR AND/OR DELIVERY	44. CONGENITAL ANOMALIES OF FETUS
01A <input type="checkbox"/> Anemia (Hct. < 30/Hgb. < 10)	01A <input type="checkbox"/> Febrile (> 100 F or 38 C)	01A <input type="checkbox"/> Anencephalus
02B <input type="checkbox"/> Cardiac disease	02B <input type="checkbox"/> Meconium, Moderate/heavy	02B <input type="checkbox"/> Spina bifida/Meningocele
03C <input type="checkbox"/> Acute or chronic lung disease	03C <input type="checkbox"/> Prem. rupture of membranes (> 12 hrs)	03C <input type="checkbox"/> Hydrocephalus
04D <input type="checkbox"/> Pre-existing Diabetes	04D <input type="checkbox"/> Abruptio placenta	04D <input type="checkbox"/> Microcephalus
05E <input type="checkbox"/> Gestational Diabetes	05E <input type="checkbox"/> Placenta previa	05E <input type="checkbox"/> Other Cent. Nerv. Sys. anomalies Specify:
06F <input type="checkbox"/> Genital Herpes	06F <input type="checkbox"/> Other excessive bleeding	06F <input type="checkbox"/> Heart malformations
07G <input type="checkbox"/> Other STD (chlamydia, GC)	07G <input type="checkbox"/> Seizures during labor	07G <input type="checkbox"/> Other Circ./respir. anomalies Specify:
08H <input type="checkbox"/> Hydramnios/Oligohydramnios	08H <input type="checkbox"/> Precipitous labor (< 3 hrs)	08H <input type="checkbox"/> Rectal atresia/stenosis
09I <input type="checkbox"/> Hemoglobinopathy	09I <input type="checkbox"/> Prolonged labor (> 20 hrs)	09I <input type="checkbox"/> Tracheo-esophageal fistula/Esoophageal atresia
10J <input type="checkbox"/> Hypertension, chronic	10J <input type="checkbox"/> Dysfunctional labor	10J <input type="checkbox"/> Omphalocele/Gastroschisis
11K <input type="checkbox"/> Hypertension, pregnancy assoc	11K <input type="checkbox"/> Breech	11K <input type="checkbox"/> Other gastrointestinal anomalies Specify:
12L <input type="checkbox"/> Eclampsia	12L <input type="checkbox"/> Other malpresentation	12L <input type="checkbox"/> Malformed genitalia
13M <input type="checkbox"/> Incompetent cervix	13M <input type="checkbox"/> Cephalopelvic disproportion	13M <input type="checkbox"/> Renal agenesis
14N <input type="checkbox"/> Previous infant 4000+ grams	14N <input type="checkbox"/> Cord prolapse	14N <input type="checkbox"/> Other urogenital anomalies Specify:
15O <input type="checkbox"/> Previous preterm or small-for-gestational-age infant	15O <input type="checkbox"/> Anesthetic complications	15O <input type="checkbox"/> Cleft lip/palate
16P <input type="checkbox"/> Renal Disease	16P <input type="checkbox"/> Fetal distress	16P <input type="checkbox"/> Polydactyl/Syndactyl/Adactyl
17Q <input type="checkbox"/> Rh sensitization	17Q <input type="checkbox"/> None	17Q <input type="checkbox"/> Club foot
18R <input type="checkbox"/> Uterine Bleeding	18R <input type="checkbox"/> Other Specify:	18R <input type="checkbox"/> Diaphragmatic hernia
19S <input type="checkbox"/> None	42. METHOD OF DELIVERY	19S <input type="checkbox"/> Other musculoskeletal/integumental anomalies Specify:
20T <input type="checkbox"/> Other Specify:	01A <input type="checkbox"/> Vaginal	20T <input type="checkbox"/> Down syndrome
40. OBSTETRIC PROCEDURES	02B <input type="checkbox"/> Vaginal after previous C-section	21U <input type="checkbox"/> Other chromosomal anomalies Specify:
01A <input type="checkbox"/> Amniocentesis	03C <input type="checkbox"/> Primary C-section	22V <input type="checkbox"/> None
02B <input type="checkbox"/> Electronic Fetal monitoring	04D <input type="checkbox"/> Repeat C-section	23W <input type="checkbox"/> Pending Assess.
03C <input type="checkbox"/> Induction of labor	05E <input type="checkbox"/> Forceps	24X <input type="checkbox"/> Other Specify:
04D <input type="checkbox"/> Stimulation of labor	06F <input type="checkbox"/> Hysterotomy/Hysterectomy	
05E <input type="checkbox"/> Tocolysis	07G <input type="checkbox"/> Vacuum	
06F <input type="checkbox"/> Ultrasound	43. ASSESSMENT (Check Each Done)	
07G <input type="checkbox"/> Postpartum sterilization	01A <input type="checkbox"/> External Clinical Eval.	
08H <input type="checkbox"/> None	02B <input type="checkbox"/> Autopsy	
09I <input type="checkbox"/> Other Specify:	03C <input type="checkbox"/> Photographs	
	04D <input type="checkbox"/> X-Rays	
	05E <input type="checkbox"/> Chromosomal Studies	
	06F <input type="checkbox"/> Placental Exam	
	07G <input type="checkbox"/> Cultures (infectious)	

NOTE: THIS FORM IS REQUIRED FOR ANY DELIVERY OF 20 WEEKS OR MORE GESTATION OR IF FETUS WEIGHS 350 GRAMS OR MORE WHEN DEATH IS INDICATED BY THE FACT THAT THE FETUS SHOWS NO EVIDENCE OF LIFE. THIS FORM IS NOT TO BE USED FOR INDUCED ABORTIONS.